

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL'S EXPENDITURE REPORT FORM 508

- ☒ COVERING JANUARY 1 THROUGH JUNE 30, 2006 - DUE AUGUST 15
☐ COVERING JANUARY 1 THROUGH DECEMBER 31, _____ - DUE FEBRUARY 15

Pursuant to LSA-R.S. 49:78G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of all of its lobbyists. This reporting form is only to be used by principals or employers who have exercised this option by timely filing the Executive Lobbying Expenditure Reporting Designation Form and are reporting on behalf of their registered executive lobbyists.

Hand deliver or mail to: 2415 Quail Drive, 3rd Floor, Baton Rouge, LA 70808

OR

Fax to: (225) 763-8787 or (225) 763-8780

1. EMPLOYER/PRINCIPAL AstraZeneca Pharmaceuticals, LP
2. BUSINESS ADDRESS 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737
 Street and No. City State Zip
- MAILING ADDRESS Same as above
 Street and No. City State Zip
3. CONTACT PERSON: Fish Amber K
 Last First MI
4. MAILING ADDRESS 80 South Summit Street, Suite 100 Akron, Ohio 44308
 (If different from above) Street and No. City State Zip
5. PHONE NUMBER (330) 761-9960
 Area Code and Phone Number

FOR OFFICE USE ONLY
 Postmark Date: 08/11/06

EP(08/06)

2061304

6. List the names and executive lobbyist registration numbers of the lobbyists on whose behalf this report is filed:

- | | | | |
|-------------------------|------------------|-----------|----------------------|
| 1) Name: <u>Barnett</u> | <u>Stephanie</u> | <u>B.</u> | EXEC.ID.# <u>212</u> |
| Last | First | MI | |
| 2) Name: <u>Barrow</u> | <u>Patricia</u> | <u>L</u> | EXEC.ID.# <u>211</u> |
| Last | First | MI | |
| 3) Name: <u>Bauer</u> | <u>Schelbie</u> | <u>A</u> | EXEC.ID.# <u>217</u> |
| Last | First | MI | |

4) Name: <u>Beatty</u>	<u>Toni</u>	<u>A.</u>	EXEC.ID.# <u>242</u>
Last	First	MI	
5) Name: <u>Bird</u>	<u>Keith</u>	<u>A.</u>	EXEC.ID.# <u>271</u>
Last	First	MI	
6) Name: <u>Blistan</u>	<u>Beth</u>	<u>M.</u>	EXEC.ID.# <u>230</u>
Last	First	MI	
7) Name: <u>Bonin</u>	<u>Loree</u>	<u>B.</u>	EXEC.ID.# <u>199</u>
Last	First	MI	
8) Name: <u>Braud</u>	<u>Jeffrey</u>	<u>M.</u>	EXEC.ID.# <u>195</u>
Last	First	MI	
9) Name: <u>Braun</u>	<u>Amy</u>	<u>N.</u>	EXEC.ID.# <u>221</u>
Last	First	MI	
10) Name: <u>Burleigh</u>	<u>Julie</u>	<u>G.</u>	EXEC.ID.# <u>203</u>
Last	First	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

- a. Total of all executive lobbying expenditures made January 1 through June 30: \$ See signature page
(Include expenditures from Schedules A and B)
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(When Applicable) (Include expenditures from Schedules A and B)
- c. Total of all executive lobbying expenditures made during calendar year: \$ _____
(Line "a" added to Line "b" should equal Line "c")

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Campo</u>	<u>Steven</u>	<u>M.</u>	EXEC.ID.# <u>205</u>
Last	First	MI	
5) Name: <u>Cantrelle</u>	<u>Kevin</u>	<u>M.</u>	EXEC.ID.# <u>315</u>
Last	First	MI	
6) Name: <u>Capiel</u>	<u>David</u>	<u>M.</u>	EXEC.ID.# <u>207</u>
Last	First	MI	
7) Name: <u>Carter</u>	<u>Susan</u>	<u>T.</u>	EXEC.ID.# <u>220</u>
Last	First	MI	
8) Name: <u>Cordell</u>	<u>Misti</u>	<u>S.</u>	EXEC.ID.# <u>270</u>
Last	First	MI	
9) Name: <u>Cyrus</u>	<u>Kerry</u>	<u>J.</u>	EXEC.ID.# <u>216</u>
Last	First	MI	
10) Name: <u>Damall, Sr.</u>	<u>Robert</u>	<u>C.</u>	EXEC.ID.# <u>233</u>
Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Eley, Jr.</u>	<u>James</u>	<u>W.</u>	EXEC.ID.# <u>234</u>
Last	First	MI	
5) Name: <u>Finley</u>	<u>Bart</u>	<u>S.</u>	EXEC.ID.# <u>214</u>
Last	First	MI	
6) Name: <u>Fowler</u>	<u>Lisa</u>	<u>L.</u>	EXEC.ID.# <u>235</u>
Last	First	MI	
7) Name: <u>George</u>	<u>Charles</u>	<u>E.</u>	EXEC.ID.# <u>200</u>
Last	First	MI	
8) Name: <u>Guerriero</u>	<u>Luka</u>	<u>W.</u>	EXEC.ID.# <u>228</u>
Last	First	MI	
9) Name: <u>Hall</u>	<u>Allison</u>	<u>C.</u>	EXEC.ID.# <u>215</u>
Last	First	MI	
10) Name: <u>Hebert</u>	<u>Mark</u>	<u>A.</u>	EXEC.ID.# <u>210</u>
Last	First	MI	

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Signature continued on following pages _____

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Helmke</u>	<u>Rachel</u>	<u>R.</u>	EXEC.ID.# <u>244</u>
Last	First	MI	
5) Name: <u>Hohorst</u>	<u>Ashley</u>	<u>A.</u>	EXEC.ID.# <u>219</u>
Last	First	MI	
6) Name: <u>Hull</u>	<u>Dennis</u>	<u>R.</u>	EXEC.ID.# <u>243</u>
Last	First	MI	
7) Name: <u>Humphries</u>	<u>Judi</u>	<u>P.</u>	EXEC.ID.# <u>249</u>
Last	First	MI	
8) Name: <u>Kleinpeter</u>	<u>Stephen</u>	<u>M.</u>	EXEC.ID.# <u>225</u>
Last	First	MI	
9) Name: <u>Liles</u>	<u>Jessica</u>	<u>F.</u>	EXEC.ID.# <u>198</u>
Last	First	MI	
10) Name: <u>Manguno</u>	<u>Rebecca</u>	<u>M.</u>	EXEC.ID.# <u>227</u>
Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name:	<u>Mayer</u>	<u>Amy</u>	<u>F.</u>	EXEC.ID.# <u>197</u>
	Last	First	MI	
5) Name:	<u>McAlister</u>	<u>Charles</u>	<u>E.</u>	EXEC.ID.# <u>208</u>
	Last	First	MI	
6) Name:	<u>McCullough</u>	<u>Candace</u>	<u>L.</u>	EXEC.ID.# <u>201</u>
	Last	First	MI	
7) Name:	<u>McDonald</u>	<u>Michael</u>	<u>J.</u>	EXEC.ID.# <u>269</u>
	Last	First	MI	
8) Name:	<u>Milton</u>	<u>Rebecca</u>	<u>B.</u>	EXEC.ID.# <u>229</u>
	Last	First	MI	
9) Name:	<u>O'Toole Benoit</u>	<u>Karen</u>	<u>A.</u>	EXEC.ID.# <u>301</u>
	Last	First	MI	
10) Name:	<u>Puckett</u>	<u>Chad</u>	<u>E.</u>	EXEC.ID.# <u>226</u>
	Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Ragusa</u>	<u>Jeri</u>	<u>L.</u>	EXEC.ID.# <u>196</u>
Last	First	MI	
5) Name: <u>Rareashide</u>	<u>Jennifer</u>		EXEC.ID.# <u>202</u>
Last	First	MI	
6) Name: <u>Rossie</u>	<u>Tracey</u>	<u>S.</u>	EXEC.ID.# <u>206</u>
Last	First	MI	
7) Name: <u>Seay</u>	<u>Nicholas</u>	<u>H.</u>	EXEC.ID.# <u>314</u>
Last	First	MI	
8) Name: <u>Silvio</u>	<u>Jeffrey</u>	<u>D.</u>	EXEC.ID.# <u>213</u>
Last	First	MI	
9) Name: <u>Sins</u>	<u>Amy</u>	<u>C.</u>	EXEC.ID.# <u>231</u>
Last	First	MI	
10) Name: <u>Smith</u>	<u>Clark</u>	<u>E.</u>	EXEC.ID.# <u>250</u>
Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Soileau</u>	<u>William</u>	<u>L.</u>	EXEC.ID.# <u>218</u>
Last	First	MI	
5) Name: <u>Spencer</u>	<u>Adriane</u>		EXEC.ID.# <u>438</u>
Last	First	MI	
6) Name: <u>Tergerson</u>	<u>Michael</u>	<u>D.</u>	EXEC.ID.# <u>241</u>
Last	First	MI	
7) Name: <u>Townson</u>	<u>Jennifer</u>	<u>L.</u>	EXEC.ID.# <u>209</u>
Last	First	MI	
8) Name: <u>Triplett</u>	<u>David</u>	<u>W.</u>	EXEC.ID.# <u>224</u>
Last	First	MI	
9) Name: <u>Usie</u>	<u>Kenneth</u>	<u>J.</u>	EXEC.ID.# <u>223</u>
Last	First	MI	
10) Name: <u>Viator</u>	<u>Lori</u>	<u>L.</u>	EXEC.ID.# <u>222</u>
Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: Wall Stephan E. EXEC.ID.# 232
 Last First MI

5) Name: Zaunbrecher Therese M. EXEC.ID.# 204
 Last First MI

6) Name: Rosenau Samuel C. EXEC.ID.# 382
 Last First MI

7) Name: Schifer Julie EXEC.ID.#
 Last First MI

8) Name: N/A EXEC.ID.#
 Last First MI

9) Name: N/A EXEC.ID.#
 Last First MI

10) Name: N/A EXEC.ID.#
 Last First MI

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

a. Total of all executive lobbying expenditures made January 1 through June 30: \$ \$81,754.34
 (Include expenditures from Schedules A and B)

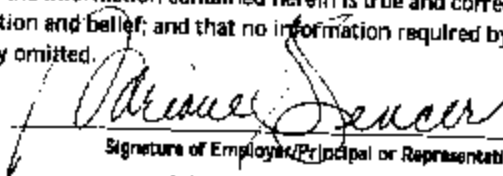
b. Total of all executive lobbying expenditures made July 1 through December 31: \$ N/A
 (When Applicable) (Include expenditures from Schedules A and B)

c. Total of all executive lobbying expenditures made during calendar year: \$ \$81,754.34
 (Line "a" added to Line "b" should equal Line "c")

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

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I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.


 Signature of Employer/Principal or Representative
 Adriane Spencer
 Print or Type Full Name

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL'S EXPENDITURE REPORT ATTACHMENT

This Attachment is to be used to complete Item #8 of Form 508, the report form for principals and employers who have elected to report on behalf of their executive lobbyists. Make as many copies of this form as needed for the completion of the expenditure report. Identify each page with a number and indicate the total number of pages being submitted.

1) LOBBYIST: Puckett Chad E. EXEC ID # 228
Last First MI

A. Total of all executive lobbying expenditures made January 1 through June 30: \$ 1,387.05
(Include expenditures from Schedules A and B)

Total of all executive lobbying expenditures made July 1 through December 31: \$ N/A
(When Applicable) (Include expenditures from Schedules A and B)

Total of all executive lobbying expenditures made during calendar year: \$ 1,387.05
(Adding above expenditure lines should equal this total.)

B. Did this lobbyist make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30? ☒ Yes ☐ No
From July 1 through December 31? ☐ Yes ☐ No ☒ NA

If the answer to either question in B above is YES, complete Schedule A and attach.

C. Did this lobbyist make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☐ NA ☒

If the answer to either question in C above is YES, complete Schedule A and attach.

D. Did this lobbyist expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes ☒ No ☐

If the answer to D above is YES, complete Schedule B and attach.

- E. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the department.

- 1) a. Name of Department: Department of Health and Hospitals
b. Total of all expenditures made January 1 through June 30: \$ 329.58
c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 329.58
- 2) a. Name of Department: N/A
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 0.00
- 3) a. Name of Department: N/A
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 0.00
- 4) a. Name of Department: N/A
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 0.00

F. PROVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the agency.

1) a. Name of Department and Individual Agency: Department of Health and Hospitals,
Alexandria Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 154.30

c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 154.30

2) a. Name of Department and Individual Agency: Department of Health and Hospitals,
Shreveport Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 175.28

c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 175.28

3) a. Name of Department and Individual Agency: N/A

b. Total of all expenditures made January 1 through June 30: \$ 0.00

c. Total of all expenditures made July 1 through December 31: \$ 0.00
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 0.00

4) a. Name of Department and Individual Agency: N/A

b. Total of all expenditures made January 1 through June 30: \$ 0.00

c. Total of all expenditures made July 1 through December 31: \$ 0.00
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 0.00

Executive Lobbyist: Puckett

Chad

E.

Exec. Id #: 226

Last

First

MI

SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if, during the period January 1 through June 30 or the period July 1 through December 31, one of your registered executive lobbyists made either a) an expenditure for any executive branch official exceeding \$50 on any one occasion or b) aggregate expenditures exceeding \$250 for any one executive branch official during a reporting period, then you must provide the name of the lobbyist who made the expenditure(s) and the aggregate total of expenditures made on that individual in that reporting period. Make as many copies as are necessary. Each lobbyist should have his own Schedule A if one is required. NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first half of the year in Column #3.

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4
Rama Boppana	Alexandria Mental Health Center	\$77.15		\$77.15
Vijaya Boppana	Alexandria Mental Health Center	\$77.15		\$77.15
Dale Hagan	Shreveport Mental Health Center	\$87.64		\$87.64
Leslie Kirkland	Shreveport Mental Health Center	\$87.64		\$87.64

Executive Lobbyist: Puckett Chad E. 226
Last First MI Exec. Id #: 226

SCHEDULE B: EXPENDITURES FOR RECEPTIONS, ETC.

This Schedule must be completed if one of your executive lobbyists expended funds for any receptions, social gatherings, or other functions to which more than twenty-five executive branch officials were invited. List the name of the group or groups invited, the date of the event, physical location of the event including the city, and the total amount expended. Make as many copies as are necessary. Each lobbyist should have his own Schedule B if one is required.

1. NAME(S) OF GROUP(S) INVITED	2. DATE OF RECEPTION	3. LOCATION OF RECEPTION	4. TOTAL AMOUNT OF EXPENDITURES
Health care professionals interested in AstraZeneca products efficacy and disease states	6/19/2006	Louisiana State University Health Sciences Center 1501 Kings Highway Shreveport, Louisiana 71103	\$439.25
Health care professionals interested in AstraZeneca products efficacy and disease states	6/19/2006	Opelousas Mental Health Center 220 W. Market Street Opelousas, Louisiana 70570	\$618.22